PART B - FEE(S) TRANSMITTAL

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appropriate. All furthe indicated unless correct maintenance fee notific	er correspondence included below or directed of cations.	ing the Patent, advance therwise in Block 1, by	orders and notification of (a) specifying a new corre	maintenance fees espondence address	uired). Blocks 1 through 5 will be mailed to the curre s; and/or (b) indicating a se	should be completed whe ent correspondence address eparate "FEE ADDRESS" i	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, much ave its own certificate of mailing or transmission.			
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SAN FRANCIS	SCO, CA 94111-383	04		Megan M	McCoy	(Depositor's name	
			<u></u>		Millon	(Signature	
				14 Jul	y 2008	(Date	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/661,927	09/661,927 09/14/2000		William J. Dower	019282-000110US		1158	
TITLE OF INVENTION	N: SUBSTRATES AND	SCREENING METHOD	S FOR TRANSPORT PRO	TEINS			
				1			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL FEE(S) DUI	E DATE DUE	
nonprovisional	YES	\$720	\$0	\$ 0	\$720	07/18/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS			•	
EPPERSO		1639	506-009000				
 Change of corresponde CFR 1.363). 		·	2. For printing on the p			nd and Townsend	
Change of corresp	ondence address (or Char 3/122) attached.	nge of Correspondence	(1) the names of up to or agents OR, alternative	ely,	auomeys		
☐ "Fee Address" indi	ication (or "Fee Address" 2 or more recent) attache	'Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
PTO/SB/47; Rev 03-0 Number is required.	2 or more recent) attach	ed. Use of a Customer	2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or typ	e)			
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi	fied below, no assignee	data will appear on the pa	tent. If an assigne	e is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIC	GNEE	iction of this form is no	(B) RESIDENCE: (CITY				
XenoPort, Inc. Santa Clara, CA							
				_			
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	Individual A Cor	poration or other private gro	oup entity Government	
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5. Change in Entity State			overpayment, to Depos	it Account Number	20-1430 (enclose ar	n extra copy of this form).	
_ ' '	SMALL ENTITY status		b. Applicant is no longe	er claiming SMALI	ENTITY status. See 37 CF	FR 1 27(a)(2)	
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Authorized Signature _	Toler (\bigcirc	<u></u>	Date			
Typed or printed name	Alexander R.	Trimble	·	Registration No.	52,301		
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an application. Confidential submitting the completed	ality is governed by 35 L application form to the I	J.S.C. 122 and 37 CFR 1 JSPTO. Time will vary o	.14. This collection is esting depending upon the individual	nated to take 12 min	nutes to complete, including	g gathering, preparing, and	
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.